

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)		TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.				COURT USE ONLY DUE DATE:										
1a. CONTACT PERSON FOR THIS ORDER Robin Pezzimenti		2a. CONTACT PHONE NUMBER (650) 493-9300		3. CONTACT EMAIL ADDRESS rpezzimenti@wsgr.com												
1b. ATTORNEY NAME (if different) Maura Rees		2b. ATTORNEY PHONE NUMBER (650) 320-4780		3. ATTORNEY EMAIL ADDRESS mrees@wsgr.com												
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Wilson Sonsini Goodrich & Rosati, 650 Page Mill Rd., Palo Alto, CA		5. CASE NAME In re Google Plus Profile Litigation		6. CASE NUMBER 5:18-cv-06164												
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Irene Rodriguez		8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: Do not use this form: use Form CJA24.														
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:																
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)													
DATE	JUDGE (initials)	TYPE (e.g. CIVC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCI (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
11/19/2020	EJD	Settle		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
01/07/2021	EJD	Fees		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:																
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DATE				
11. SIGNATURE /s/ Maura Rees												02/25/2021				

Clear Form

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